PTC/SB/17 (07-06)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
				{		10/045,084-Conf. #2914			
FEE TRANSMITTAL)		January 15, 2			
For FY 2006				First Named Inv		Takuya SATO			
100112000				Examiner Name K. D. Wal					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1745				
TOTAL AMOUNT OF PAYMENT (\$) 120.00				Attorney Docket No. 0171-0811F					
METHOD OF PAYMENT (c	check all th	nat apply)	~~~		***************************************	•••••	•••••••		
Check Credit Card Money Order None Other (please idensify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of X Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION	•••••				***************************************	······	***************************************		
1. BASIC FILING, SEARCH, A	ND EXAM	INATION FE	ES	***************************************	***************************************	***************************************		•••••	
		3 FEES	SE	ARCH FEES	EXAMIN	IATION FEES	(
Application Type F	ee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65	***************************************		
Plant	200	100	300	150	160	80	***************************************		
Reissue	300	150	500	250	600	300	***************************************	······	
Provisional	200	100	0	0	0	8			
2. EXCESS CLAIM FEES			``	•	ŭ	•	***************************************	Small Entity	
Fee Description							Fee.(S)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims								180	
{				aid (\$) Multiple Deper			dent Claims		
17 -39 < x = HP > highest number of total claims paid for, if greater than 20.						e (\$)	Fee Paid (\$	}	
Indep Claims Extra Clai		ee (\$)	Fee !	Paid (\$)	*********				
3 -4=	X	77. THE TAXA							
HP = highest number of independent	claims paid	for, if greater than	n 3.						
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
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1	Sheets	/50	ar secto e	dditional 50 or frac	***************************************		- Eggt	'aid (\$)	
4. OTHER FEE(S)								Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filling surcharge): 1251 Extension for response within first month 120								0,00	
SUBMITTED BY						***************************************			
Signature (Attorney/Agent) 28,977 Y						Telephone	(703) 205-8000		
200						Date	February 26, 2007		